AD		

GRANT NUMBER DAMD17-96-1-6142

TITLE: Culturally Based Intervention for Breast Cancer in Rural African Americans

PRINCIPAL INVESTIGATOR: Donald R. Lannin, M.D.

CONTRACTING ORGANIZATION: East Carolina University

Greenville, North Carolina 27858

REPORT DATE: September 1997

TYPE OF REPORT: Annual

PREPARED FOR: Commander

U.S. Army Medical Research and Materiel Command Fort Detrick, Frederick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for public release;

distribution unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

BALL CANTER THE SERVED B

REPORT DOCUMENTATION PAGE

Form Approved OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jeffrson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

1. AGENCY USE ONLY (Leave blank		3. REPORT TYPE AND DATES	
	September 1997	Annual (1 Sep 96 -	
4. TITLE AND SUBTITLE Culturally Based Inter	wontion for Broast Ca		NDING NUMBERS DAMD17-96-1-6142
African Americans	vention for Breast Ca	micer in Nurai	
Allican Americans			
6. AUTHOR(S)			
Donald R. Lanin, M.D.			
7. PERFORMING ORGANIZATION N East Carolina Universi			RFORMING ORGANIZATION PORT NUMBER
Greenville, North Caro			. OII. NOMBER
diediville, North dard	Tilla 27000		
9. SPONSORING/MONITORING AGE U.S. Army Medical Rese			PONSORING/MONITORING
Fort Detrick, Maryland		alitaria A	GENCY REPORT NUMBER
l tote beettek, harytana	. 21702 3012		
11. SUPPLEMENTARY NOTES			
12a. DISTRIBUTION / AVAILABILIT	Y STATEMENT	12b. I	DISTRIBUTION CODE
		7.1.111	
Approved for public re	:lease; distribution u	inlimited	
13. ABSTRACT (Maximum 200			
The purpose of the	his project is to develop me	ethods to encourage earlie	r detection of
	rican-Americans. Our focu	•	
which contribute to patie	ent delay in seeking treatme	ent for the symptoms of br	east cancer
	video and other educational	· ·	
will be utilized in several	aspects of the intervention	n. The components of the	intervention
	nce, media campaign, comn		
	younger patients to share v		
The pre-intervent	tion census survey of the tv	wo counties is almost com	plete and the
instrument for the pre-in-	tervention interviews has b	een developed. Once it is	pre-tested,
	egin. This will be followed		
experimental county whi	ch is scheduled to begin in	early 1998.	
14. SUBJECT TERMS Breas	st Cancer		15. NUMBER OF PAGES
			26
			16. PRICE CODE
17. SECURITY CLASSIFICATION 1	18. SECURITY CLASSIFICATION	19. SECURITY CLASSIFICATION	N 20. LIMITATION OF ABSTRACT
OF REPORT	OF THIS PAGE	OF ABSTRACT	
Unclassified	Unclassified	Unclassified	Unlimited

FOREWORD

Opinions, interpretations, conclusions and recommendations are those of the author and are not necessarily endorsed by the U.S. Army.

Where copyrighted material is quoted, permission has been obtained to use such material.

Where material from documents designated for limited distribution is quoted, permission has been obtained to use the material.

Citations of commercial organizations and trade names in this report do not constitute an official Department of Army endorsement or approval of the products or services of these organizations.

In conducting research using animals, the investigator(s) adhered to the "Guide for the Care and Use of Laboratory Animals," prepared by the Committee on Care and Use of Laboratory Animals of the Institute of Laboratory Resources, National Research Council (NIH Publication No. 86-23, Revised 1985).

 \mathcal{DL} For the protection of human subjects, the investigator(s) adhered to policies of applicable Federal Law 45 CFR 46.

In conducting research utilizing recombinant DNA technology, the investigator(s) adhered to current guidelines promulgated by the National Institutes of Health.

In the conduct of research utilizing recombinant DNA, the investigator(s) adhered to the NIH Guidelines for Research Involving Recombinant DNA Molecules.

In the conduct of research involving hazardous organisms, the investigator(s) adhered to the CDC-NIH Guide for Biosafety in Microbiological and Biomedical Laboratories.

 $\frac{D_{ond}R \ l_{one}}{PI - Signature} \frac{9/29/97}{Date}$

Table of Contents

Front Cover	1
Standard Form (SF) 298, Report Documentation Page	2
Foreword	3
Table of Contents.	4
Introduction	5
Body	6-7
Conclusions.	8
References	9
Bibliography, Meetings, Personnel	10
Appendix	11-26

Introduction:

The goal of this project is to develop methods to encourage earlier detection of breast cancer in rural African-Americans. Our previous research has indicated two reasons for late stage breast cancer presentation in this population: 1) lack of breast screening including clinical breast exam and mammography, and 2) patient delay due to cultural and psychosocial beliefs.

The current research seeks to ascertain when these beliefs are formed and test whether they can be modified. Through an extensive educational intervention, we will determine if changing these beliefs increases rates of screening behavior and decreases delay in seeking medical care for breast symptoms.

Body:

The experimental design involves community-wide, in depth surveys of women ages 19 and over in two similar counties, Pitt and Wilson. These interviews will be performed before and after the educational intervention which will be conducted only in the experimental county, Pitt County.

There are four components of the intervention: 1) a conference on minority health issues for the local community, 2) a media campaign, 3) educational programs in churches, schools, and businesses, and 4) an intervention with younger women during their Ob-Gyn appointments counseling them to take information to their older female relatives. Each of these components is in the developmental stage at this time.

In preparation for the intervention, we have produced a documentary video featuring several patients from the East Carolina University (ECU) Breast Clinic. These patients were followed during their diagnosis and treatment procedures and filmed in their homes and at their churches. They freely discussed their fears, beliefs, and concerns related to barriers in breast cancer treatment. The video will be utilized in several aspects of the intervention including the health conference, educational programs, and media campaign.

We have expanded the theoretical framework to include the Health Belief Model as discussed by Rosenstock (1). The basic assumption of this model which has been applied to cancer screening behavior is that the individual is susceptible to external influence such that one's perception of susceptibility to and severity of (perceived threat of disease), in this case, breast cancer, is influenced by demographic and psychosocial variables (2). It follows that cues to preventive actions develop from mass media, advice from family and friends, and previous experience of illness affecting family and friends (3). Individual health choices to follow recommended preventive health action (e.g., screening) are determined by the perceived benefits of that action minus its perceived barriers (including financial, time and information factors). Under this model, individuals choose those actions where the perceived benefits are greater than the perceived barriers (3).

The intervention will provide the external cues to action in the mass media campaign, advice from younger relatives, and information from educational programs. The goal is to increase breast cancer screening behaviors and knowledge by amplifying the perceived benefits and reducing the perceived barriers through education.

In the first year, several tasks in the Statement of Work have been accomplished. Regarding Task 1, the project manager and health educator have been hired and the Advisory Board has been assembled. Several meetings of the Advisory Board have lead to formulation of strategies which should be effective in reaching this community.

The second task, conducting the pre-intervention survey, is well underway. Twenty interviewers have been recruited and trained. The household survey to determine the sampling frame is almost complete and data for approximately 1700 women have been entered into the computer, cleaned, and verified. These data will then be used to select the experimental and control populations who will be interviewed. The interviewers will come from the pool of census surveyors and will receive additional training for this particular questionnaire.

The instrument has been developed and is in the process of being pre-tested and revised (attached in appendix). One time-saving factor involves using the Teleform software for developing our survey instrument. This is labor-intensive to format and has slowed development of the instrument. However it has the distinct advantage of being readily scanned into the computer and immediately translated into SPSS and, in the long run, will speed data analysis. Once the instrument has been pre-tested, final revisions will be made, and the pre-intervention data will be collected.

The educational materials are being developed as in Task 3. As mentioned earlier, the breast cancer video has been produced and will be used along with other educational materials for the intervention. The educational pamphlets for use in Ob-Gyn offices and advertisements for mass media are under development and will be tested and revised over the next several months.

The intervention itself (Task 4) is scheduled to begin in early 1998. With the current reliable and motivated pool of interviewers, the pre-intervention data collection should proceed expeditiously so the intervention can begin immediately upon its completion. Plans are being formulated for the conference on minority health issues for medical and community leaders which will serve as the "kick-off" for the intervention. Once underway, this should proceed without interruption or delay to allow us to approach the proposed time frame.

At this point, problems in accomplishing the proposed tasks have mainly involved personnel. In each county census workers were trained and given assignments. However, for a variety of reasons (e.g., re-location, procurement of full time employment, family illness), surveyors have resigned resulting in delays due to re-assigning the census areas. We have now assembled a dependable staff and few additional changes are expected.

Conclusions:

We hope to reduce breast cancer mortality by preventing avoidable mortality through an educational intervention with the ultimate goal of diagnosing the disease at an earlier, more treatable stage. The aspirations of this study include: 1) developing educational messages about early detection of breast cancer consistent with prevailing cultural beliefs and attitudes and 2) providing awareness of breast cancer symptoms and screening practices in conjunction with culturally sensitive methods encouraging women to utilize available resources for early detection.

If the results of this study indicate psychosocial variables are amenable to change and this is shown to affect screening behavior and ultimately disease stage presentation, it could have a major impact on breast cancer mortality. Both the approach and the findings from this study are applicable to a larger population beyond this region.

References:

- 1. I. Rosenstock, Historical Origins of the Health Belief Model, *Health Education Monographs*, **2**, p. 328-335 (1974).
- 2. I. Rosenstock, in *Health Behavior and Health Education*, K. Glantz, F. Marcus Lewis, and B. Rimer, Eds. (Jossey-Bass, San Francisco, 1990), p. 39-62.
- 3. J. McKenzie, J. Jurs, *Planning, Implementing and Evaluating Health Promotion Programs: A Primer* (Macmillan, New York, 1993), p. 79-81.

Bibliography:

1) Publications

The Influence of Socioeconomic and Cultural Factors on Racial Differences in Late Stage Presentation of Breast Cancer in Rural North Carolina, submitted.

2) Abstracts

Delay in Seeking Medical Treatment for the Symptoms of Breast Cancer in African-American and White Women, presentation, Society of Clinical Research Associates (SOCRA), Sixth Annual Conference, September, 1997, Colorado Springs.

3) Personnel

Donald R. Lannin, M.D.
Lorraine Tafra, M.D.
Holly Mathews, Ph.D.
James Mitchell, Ph.D.
Melvin Swanson, Ph.D.
Linda Pololi, M.D.
Frances Swanson, M.S.
Kimberly Best
Susan Lamm
Kim Hack
Jon Newton
Angela Manning

APPENDIX



Breast Cancer Project
Time-1 Survey
Leo W. Jenkins Cancer Center
East Carolina University

Subject ID# Interview Date / Interviewer Interviewer							
Last Name (same as on census forms) First Name							
Mailing Address: Street Address (if different):							
Social Security #							
ACCESS TO HEALTH CARE: Let's begin by talking about some of the health care services that you may use.							
1. Is there a particular place that you usually go to if you want to see someone about your health?							
○ Yes ○ No (SKIP to #3) ○ S.C. (don't know)							
O Yes O No (SKIP to #3) O S.C. (don't know) What kind of place do you usually go to? Is it a doctor's office, a hospital, a clinic, or some other place? {INTER: don't read choices. Probe for the one place they go most often, the usual place} O Doctor's office (either one-person practice or group) O Hospital emergency room O Hospital walk-in or outpatient clinic O Private clinic, not part of medical school O Medical school clinic O Public health department clinic O Community (rural, neighborhood) health center O Military facility O Other (write R's exact words) O Don't go to only one place							
3. Do you have a doctor that you think of as your own doctor? One that you see for most of your health needs?							
O Yes O No (SKIP to 9) O S.C. (don't see an MD) (SKIP to 9)							
4. What type of doctor is he/she? {INTER: Hand R. Card #1. Fill in correct circle below}							
O a family doctor O a general internist O an OB/GYN O a specialist O or some other type of doctor O S.C. (don't know) (SKIP to #9)							
5. Is your doctor a man or a woman? O Man O Woman O S.C. (don't see the same doctor each time)							
6. Would you mind telling me his/her name (or the name of the practice)?							
7. When was the last time that you went to see this doctor?							
O 6mos-lyr O 1yr-2yrs O 2yr-5yrs O 5yrs or more							



8. When you last visited this doctor,	did he/she	do any	of the	e followii	ng thin	gs?						
talk with you about your risk	of breast c	ancer					0 Y	es () No	01	Not s	ure
examine your breasts for knot	ts or lumps						0 Y	es () No	10	Not s	ure
ask you whether you examine	your own	breasts	for lu	ımps/kno	ts) Y	es () No	10	Not s	ure
show you how to exmaine you	ur own brea	sts for	lump	s/knots		() Y	es C) No	10	Not s	ure
show you a breast model						•) Y	es C) No	01	Not s	ure
talk with you about mammogi	raphy					(O Ye	es C) No	01	Not s	ure
recommend that you get a man	mmogram					(O Ye	es C) No	01	Not s	ure
actually make an appointment	t or give yo	u a refe	rral f	or a man	mogr	am (O Ye	es C) No	01	Not s	ure
ask if your mother or grandmo	other had b	reast ca	ncer			(O Ye	es C) No	01	Not s	ure
 give you any written informat breast self-exam or mammogr 	raphy	-			ancer,	(⊃ Ye	es C) No	01	Not s	ure
ask you to share information v	with your o	lder fen	nale r	elatives		(O Ye	es C) No	01	Not s	ure
9. Do you see an ob/gynecologist? O Yes, regularly												
O Yes, sometimes												
O No, I did in the past, but not r	now (SKI	P to 14)									
O No, never (SKIP to 14)	(
10. Is your gynecologist a man or a	woman?											
○ Woman ○ Man ○ (S.C.		ne same	doct	or each t	ime)							
11. Would you mind telling me his/h					•	e)						
			1				Γ			T		
12 When was the last time that you	vyyant to as	a this de					<u> </u>					
12. When was the last time that you					alain Ala		4		0.1	K 7:41. :.	- 41	
O Within the past six months 13. When you last visited this doctor		•	-			•	iwo j	years	0	w itnii	ı ine	past fi
talk with you about your risi	-		y OI t	iic iollow	ing ui	ings:	01	Voc	O No		Not	sure
examine your breasts for kn							0		ONO			sure
ask you whether you examin	-		s for	lumps/kr	nots		0		ON			sure
show you how to exmaine you	•			•			0		ON			sure
show you a breast model				1			0		ON			sure
talk with you about mammo	graphy						0		ON			sure
recommend that you get a m	•	ı					0		ON			sure
actually make an appointme	•		ferral	for a ma	mmos	gram	0		O No			sure
- ask if your mother or grandr							0		O No			sure
give you any written information breast self-exam or mammo	ation, like a				cance	r,	01		O No			sure
ask you to share information		older fe	emale	e relatives	S		0	Yes	O No	0	Not	sure



14. Have you ever visited with any of the following types of health care providers or been to any of the following centers or programs for health care? {INTER: fill in circles for all the R. Mentions} O Root doctor O Chiropractor O Biofeedback center O Accupuncturist O Herbalist O Fortune teller or psychic O Health food store O Self-help group O Massage therapist O Commercial weight loss program O Homeopath O Hypnotist O Religious healer Now, let's talk about your attitude about your own health. 15. Some people go to the doctor right away, whenever they're worried about their health. Others put off going even when they have a serious problem. Do you usually: O go to the doctor as soon as you think something is wrong O wait a while and try taking care of the problem yourself O wait a while and do nothing to see if it will go away O or do you usually not go to the doctor at all O (S.C. depends on the type of problem) Perceived Risk. Now let's talk about how worried you are about your risk for developing breast cancer. 16. Do you think it is likely or unlikely that you will get breast cancer in your lifetime? O Very unlikely O Somewhat unlikely O Somewhat likely O Very likely O Don't know 17. Compared to most women your age, what do you think the chances are that you will get breast cancer someday? Do you think your chances are: O Much lower O Somewhat lower O Somewhat higher O Much higher O Don't know 18. Overall, how worried are you about the chance that you might get breast cancer someday. Would you say that you are: O Not worried at all O Somewhat worried O Very worried O Don't know 19. Can you tell me how old you were when you had your first menstrual period? Were you: O younger than 12 O age 12-13 O age 14 or older 20. Have you given birth to any children (count only children born alive): O Yes O No (SKIP to 23) 21. Can you tell me how old you were when you had your first live birth (count only your first child born alive): O Younger than 20 O Between 20 and 24 years old O Between 25-29 years old O 30 years or older 22. Has any doctor ever told you that you had a lump or tumor in your breast? {INTER: If R. says that she thinks she has one now, be sure at the end of the interview to recommend that she sees a doctor/nurse} O No O (S.C. not sure)

O (S.C. not sure)

O No(SKIP to 27)

23. Have you ever had a breast biopsy?

O Yes

Draft							•
24. How many l	breast biopsi	es have y	ou had?				
25. Did any of t	hem turn out	to be ca	ncer?				
O Yes				O (S.C. not sure)			
	ll me a bit m			Some of them may have left cancer was first found an			
actual diagnos	is of breast	cancer.		v questions about any of y are talking about your bl			
27. How many	of your blood	d relative	s have had breas	t cancer?			
Mother	O Yes	O No	O Don't know				
Sister(s)	O Yes	O No	O Don't know	# positive			
Daughter(s)	O Yes	O No	O Don't know	# positive			
Grandmoth	ers O Yes	O No	O Don't know	# positive			
Aunts	O Yes	O No	O Don't know	# positive			
Cousins	O Yes	O No	O Don't know	# positive			
				gs increase their risk of g ever risks for developing			lease tell me
		-			Always	Sometimes	Never
Would getting you of getting breast o				rease a woman's chances imes or never?	0	0	0
Would eating a hi	gh fat diet in	crease a	woman's chance	s of getting breast cancer?	0	0	0
How about drinki	ng more than	2 alcoh	olic drinks a day	?	0	0	0
How about having	g breast impl	ants?			0	0	0
How about having	g a family his	story of l	oreast cancer?		0	0	0
How about smoki	ng regularly'	?			0	0	0
				Yould you say that would of getting breast cancer?	0	0	0
How about drinki	ng a lot of ca	affeinate	d beverages?		0	0	0

. ,	•	
		Draft

	Diak	<u>Always</u>	Sometimes	Never
	How about waiting to have children until you are over age 30?	0	0	0
	How about taking birth control pills?	0	0	0
	How about breastfeeding your children?	0	0	0
	How about going through menopause late in life, after age 55. Would you say that would always, sometimes or never increase a woman's chance of getting breast cancer?	0	0	0
	How about excessive fondling of the breasts?	0	0	0
	How about having fibrocystic disease?	0	0	0
	How about being older than age 50. Would you say that always, sometimes or never increases a woman's chance of developing breast cancer?	0	0	0
	How about never having had any children?	0	0	0
	How about having had cancer before. Would you say that would always, sometimes or never increase a woman's chance of getting breast cancer?	0	0	0
Sci	eening. Now let's talk about the things that you may have done to protect y	ourself ago	ainst breast ca	ncer.
	Has a doctor or other medical professional ever shown you how to examine you			
	O Yes O No O Not sure		•	
30.	Have you ever felt your own breasts in the way a doctor or nurse does to check	for knots or	r lumps?	
	O Yes O No (SKIP to 31) O Not sure			
	IF YES, about how often do you check your own breasts? Would you say:			
	O Every day			
	O Several times a week			
	O Several times a month			
	Once a month			
	O A few times a year			
	O Almost never			
	(SKIP to 32)			
31.	Why don't you check your own breasts? Is it because: (INTER: fill in all that apply)			
	O You don't know how			
	O You are embarassed to do it			
	O You're not really worried about knots or lumps			
	O You don't think you would be able to feel a lump if there was one			
	O You would rather not know if there is a problem			
	O You lack privacy to do it regularly			
	O You are too young to start doing it now			
	O You are too old to have to worry about that now			
	O You forget			



32. A mammogram is a picture of the breast tissue made by compris takenhave you ever heard of a mammogram? O Yes O No O (S.C. Not sure)	essing the breast while the pic	ture, a type of x-ray,
33. Have you ever had a mammogram?		
•	.C. Not sure)	
	xact wordsthen skip to 40)	
35. When was your last mammogram?		
O Wast it more than three years ago O Within the past three years	O Within the past two year	rs O Within the past year
36. What was the main reason why you decided to have your last n	nammogram. Was it because:	
O Your doctor or nurse recommended it		
O You thought you might have a breast problem		
O You were worried about your chances of getting breast cance	er	
O It is recommended for women of your age to have one		
O Someone other than your doctor or nurse encouraged you to	do it	
O Saw a program on TV		
O Heard a talk at church or club		
O Younger relative encouraged me to do it		
37. Have you ever had a mammogram that showed that something	was wrong with your breasts?	,
O Yes O No (SKIP to 40)		
38. Did you have a biopsy of your breast to find out what was wro	ng on the mammogram?	
O Yes O No		
39. Have you ever had any problem with your breasts that you put	off seeing a doctor or nurse a	bout?
O No O Yes IF YES, can you tell me more about the probl	em and what you did?	
BREAST CANCER OPINIONS. 40. Now I would like to ask you some questions about what you are no right or wrong answers. I am interested in what your opin false.	nion is about whether these	statements are true or
Provide and the most common time of common in more		<u>Don't know</u>
Breast cancer is the most common type of cancer in women.	0	0 0
If untreated, breast cancer may spread to other parts of the body.	0	0 0
Mastectomy is removing the breast where cancer is found.	O corresponding to the control of th	0 0
The rate at which breast cancers grow is pretty much the same for every gets breast cancer.	veryone who	0 0
About 1 out of every 8 women in the U.S. will develop breast cancer point in her lifetime.	at some O	0 0

Draft	<u>True</u>	False	Don't know
You can catch cancer from other people.	0	0	0
Lumpectomy is a type of surgery for breast cancer in which the cancer itself but not the whole breast is removed.	0	0	0
African-Americans with breast cancer face more than twice the risk of dying from the disease when compared with white Americans.	0	0	0
Chemotherapy is the use of drugs to kill cancerous cells.	0	0	0
Breast cancer tends to run in families.	0	0	0
If a woman finds a knot or lump, it is better to do nothing because by then it will be too late.	0	0	0
More than half of the patients treated by radiation or chemotherapy never experience nausea or vomiting.	0	0	0
A cancer in the breast that is not treated can lead to death.	0	0	0
Most women who get breast cancer lose their breasts.	0	0	0
If a breast cancer is operated on, it can be stopped from getting any bigger.	0	0	0
Finding a mass in the breast is not as serious as finding a knot or lump.	0	0	0
Men can also develop breast cancer.	0	0	0
As long as a knot or lump doesn't hurt, then it is not cancer.	0	0	0
The National Cancer Institute recommends that women ages 50 and over have a mammogram every year.	0	0	0
Women with many risk factors are certain to get cancer.	0	0	0
A breast cancer is very curable if it is found early.	0	0	0
Some women have a greater chance of getting breast cancer than others.	0	0	0
A woman who has breast cancer will never again lead a normal life.	0	0	0
If a woman finds a knot or lump, the worst that can happen is surgery.	0	0	0

BREAST LUMP ACTIONS. We are trying to find out what women would do if they found a lump or knot in their breasts. Different women have told us that they would do these things. How likely would you be to do these?

41. Would you:

Action	Very likely	Likely	(S.C. Don't know)	Not likely
a. Wait to see if it becomes painful	0	0	0	0
b. Get a mammogram	0	0	0	0
c. See a doctor for a breast exam	0	0	0	0
d. Wait to see if it gets bigger	0	0	0	0
e. Ask a close friend or relative for advice	0	0	0	0
f. Pray to God about it	0	0	0	0
g. Watch it every day for a while to see if it changes	0	0	0	0
h. Ignore it	0	0	0	0



42. Now I'd like to know which actions you think are most important. Which wo	uld you d	lo: (enter the let	ter of choice)
1st action 2nd action 3rd action			
RELATIONSHIPS. Now I would like to ask you a few questions about the around you to talk with and help you with health problems.	people y	ou have known	and have
43. Have you ever known someone personally who has had breast cancer?	O Yes	O No O (S.0	C. Not sure)
IF YES, what do you most remember about that person and her experiences' (INTER: Record R's responses exactly)	?		
	4 F - 4 F -		
44. If you had a serious health problem, what one person, other than your doctor (INTER: Be sure to record the relationship to the person in the box as we as specific as possible.	or God, v	would you turn to	first for advice? le friend, and be
45. Now I would like to ask you if you agree or disagree with some statement cancer. There are no right or wrong answers. We are interested in your optothers have made.	is about <u>inions</u> al <u>Agree</u>	bout these staten <u>Disagree</u>	nents that Not sure
Most men would not want to know if the woman in their lives developed breast cancer.	0	0	0
Dealing with breast cancer is a woman's problem and the man in her life doesn't need to be concerned with it.	0	0	0
A woman can't always depend on a man to help her in tough times.	0	0	0
Men are not as good as women at coping with illness.	0	0	0
A woman is more likely to get support from her female relatives when she is sick than from the man in her life.	0	0	0
Women who have surgery for breast cancer are no longer attractive to men.	0	0	0
If a woman has breast cancer, she should tell the man in her life.	0	0	0
A woman has to take risks to get what she wants in life.	0	0	0
A man should help the woman in his life with all her problems.	0	0	0
A man would probably not stay with a woman if he knew that she had breast cancer.	0	0	0
No one has the right to tell a woman what to do with her body.	0	0	0
Men are more attracted to women without problems.	0	0	0
A woman is more likely to get support from the man in her life when she is sick than from her other female relatives	0	0	0



cancer.

RELIGIOSITY. Many people rely on religion when they are ill. I would like to ask you a few questions about your religious beliefs. Again, there are no right or wrong answers - we are interested in what you think about religion and health.

46. Do you attend church:			
On a regular basis Occasionally Only for special events or on holida	ays O No	, I don't attend chu	rch (SKIP to 50
47. Would you mind telling me the name of the church that you attend and who	ere is it loca	ated?	
Church Name			
Church Street Address Church town			Church State
Church Street Address Church town	1 . 		Church State
48. How important are your church activities to you?			
O Most important O Very important O Of some importance O Of	limited imp	ortance O Not in	nportant at all
49. Have you ever been to any programs about breast cancer or mammography	•		•
O Yes O No O Not sure			
50. Do you consider yourself to be:			
O Deeply religious			
O Somewhat religious			
O Slightly religious			
O Not at all religious (SKIP to 52)			
O Against religion (SKIP to 53)			
51. During difficult times, do you rely on your religion: O A great deal O	Somewhat	O Not very much	O Not at all
52. If I were told that I had breast cancer:	Agree	<u>Undecided</u>	Disagree
God would work through the doctors and nurses to make me better.	0	0	0
God would help the medical treatment fight my cancer.	0	0	0
God would help my doctors fight my cancer.	0	0	0
God would guide those treating my cancer.	0	0	0
I would trust more in God to cure my cancer than medical treatment.	0	0	0
Only God, and not medical treatment, would cure my cancer.	0	0	0
I would refuse medical treatment and trust only in God to cure my cancer.	0	0	0
Only a religious miracle could cure my cancer, not medical treatment.	0	0	0
My cancer would be because I had sinned against God.	0	0	0
It would be my responsibility to pray every day that God will cure my	0	0	0

Draft	Agree		<u>Undecided</u>	Dis	agree
The strength of my own faith in God would determine if my cancer is cured.	0		0		0
My prayer alone would do nothing to cure my cancer.	0		0		0
I would want my church members to come to the hospital to pray with me.	0		0		0
My church members praying for me in church would help to cure my cancer.	0		0		0
There would be a special ceremony for me in my church to cure my cancer.	0		0		0
I would not tell anyone in my church about my cancer.	0		0		0
I would not think about people in church praying for me.	0		0		0
BELIEFS ABOUT CANCER. 53. I just have a few more questions for you. These next items are some of they believe about cancer. We are interested in your opinions. Please to somewhat, disagree somewhat or strongly disagree with the following stawrong answers- we just want your opinion.	ell us if y	ou st	rongly agree	e, agrec	e
weng answers we gust want your opinion.	<u>SA</u>	<u>AS</u>	Not Sure	<u>DS</u>	<u>SD</u>
If a cancer is cut open in surgery, it will grow faster.	0	0	0	0	0
Negative feelings can cause cancer.	0	0	0	0	0
If a person has cancer, there is no sense trying to do anything about it.	0	0	0	0	0
People who take good care of themselves usually don't get cancer.	0	0	0	0	0
A person with high blood is more likely to get cancer than a person with normal blood.	0	0	0	0	0
Vaccinations weaken the immune system which can lead to cancer.	0	0	0	0	0
Luck plays a big part in determining who gets cancer.	0	0	0	0	0
It is better to die whole than to let a doctor cut on your body.	0	0	0	0	0
Alternative treatments for cancer work better than medical remedies.	0	0	0	Ο	0
If air gets to a cancer during surgery, it will grow faster.	0	0	0	0	0
Cancer can be caused by dirty blood.	0	0	0	0	0
Doctors and health professionals are the ones I would trust most to decide how to decide how to treat cancer.	0	0	0	0	0
Antibiotics weaken the immune system which can lead to cancer.	0	0	0	0	0
Someone can give you cancer by putting a root on you.	0	0	0	0	0



Diait	<u>SA</u>	<u>AS</u>	Not Sure	<u>DS</u>	<u>SD</u>
People get cancer when they are tired and their resistance is down.	0	0	0	0	0
Doctors can treat the symptoms of cancer but not cure the disease.	0	0	0	0	0
Visualizing your body attacking cancer cells can help to cure the disease.	0	0	0	0	0
If a person worries about their cancer a lot, it will get worse.	0	0	0	0	0
People have spiritual needs and these should be part of the healing process.	0	0	0	0	0
If you keep thinking you have cancer, you will probably get it.	0	0	0	0	0
Herbal remedies are more effective than medicines against cancer.	0	0	0	0	0
Doctors experiment with people by cutting on their cancers.	0	0	0	0	0
People with thin blood are more likely to get cancer.	0	0	0	0	0
Nothing works to cure cancer so that it never comes back.	0	0	0	0	0
Positive feelings can help cure cancer.	0	0	0	0	0
Doctors and nurses don't know everything that there is to know about treating cancer.	0	0	0	0	0
No matter what I do, if I am going to get cancer, I will get it.	0	0	0	0	0
If air gets in the place where the doctor cuts, then the cancer will kill you.	0	0	0	0	0
INFORMATION ABOUT BREAST CANCER. I want to ask you these last you may have heard or seen about breast cancer within the past year. Pleast following.					
54. Within the past year, have you:	<u>Yes</u>		<u>No</u>	Not Sur	<u>e</u>
Seen a television program on breast cancer?	0		0	0	
Read about breast cancer in a magazine?	0		0	0	
Been to a church program on breast cancer or mammography?	0		0	0	
Seen any local television commercials about breast cancer?	0		0	0	
Heard a radio program or announcement about breast cancer?	0		0	0	
Been to a program at a club or civic group on breast cancer or mammography?	0		0	0	
Read about breast cancer or mammography in the local newspaper?	0		0	0	
Been to a program on breast cancer or mammography at work?	0		0	0	



C	<u>Yes</u>	<u>No</u>	Not Sure
Seen a pamphlet about breast cancer or mamography?	0	0	0
Seen a video about breast cancer or mammography?	^	0	
Participated in any local American Cancer Society activities like	0	0	0
Relay for Life?	0	0	0
DEMOGRAPHICS: I just have a few final questions to ask you about	your bo	ackground.	
55. What is your ethnic background?			
O African-American O Hispanic O Native American (American Indian) OV	White O M	ixed O Other
Age		D	OB
56. What was your age on your last birthday and what is your date of birth?		/	/
57. How much schooling have you completed? O Did not go to school	(O High school	ol degree/GED
O Less than 4th grade	(O Some post	high school
O 4th-8th grade	(O College de	gree
O Some high school	(O Graduate o	legree
58. Are you presently enrolled in school? O Yes O No, out temporaril	v	O No	
59. Are you: O Single, never married O Married? O Separated?) Divor	ced? O Wi	dowed?
If married, for how many years?			
60. Who lives with you now? O No one, lives alone O Brother	r(s)		
O Husband/male companion O Son(s)			
O Mother/stepmother O Daught	er(s)		
O Father/stepfather O Other(s	s)		
O Sister(s)			
61. Including yourself, how many people live in your household?			
62. How many years have you lived in this community? #]		
63. Have you ever lived anywhere other than eastern NC? O No	O Ye	S	
If Yes, where did you live the longest?			
For how many years? (City, Town)	1 1		(State)
64. Do you have a telephone? O Yes O No			
If Yes, what is the number? ()			
If No, is there a number where you can be reached?) []	-	



DEMOGRAPHICS--EMPLOYMENT/INSURANCE STATUS: I just have a few more questions to ask you. These are about your employment status and the resources you have available to pay for medical treatments. This information will help us know what kinds of services people in our community need.

65. At this time are you:	O workin	g for	pay	full	time	ne [SKIP next question]														
	O workin	g for	pay	part	t-tim	e [[SKIP next question]													
	O self-en	ploy	ed			ı	[SKIP next question]													
													0							
66. Are you:	O retired	from	paid	d em	ploy	ment	:													
	O laid of	f fron	n a je	ob te	mpo	raril	y													
	O unemp	loyed	witl	h dis	abili	ty														
	O unemployed but don't have disability																			
	O a student																			
	O or have	you	AL	WA	YS b	een a	a hor	nem	aker	and	not	worl	ked :	for p	ay	SK	IP n	ıext :	ques	tion
67. What is/was your job	called?																			
HEALTH INSURANCE,	OTHER :	BEN	EFI	TS																
68. What kind of health ins [Interviewer, show can						nce	are :	men	tion	ed, f	ill in	bot	h. 1	Fill i	n all	that	t ap j	ply.]		
O Insurance through a p	private con	npany	like	Blu	ie Cr	oss														
O Medicare																				
O The VA or CHAMPI	US																			
O Medicaid																				
O An HMO or managed	d care plan																			
O Don't know [SKIP	next ques	tion]																		
O Don't have any type of	of health in	suran	ice	[SK	IP n	ext c	ques	tion]												
69. Did you have health ins	urance last	year	for:	(O the	who	ole y	ear	0	or p	art c	of the	e yea	ar	O n	ot su	re			
70. Was there any time duri to get the medical care t	•	•		t you	ı cou	ıld no	ot af	ford		ΟY	es	0]	No							



FAMILY INCOME

71	income last year. types of money, f	In second and second se
	O under \$5,000	
	O between \$5,000	0 and 7,999
	O between \$8,000	0 and 11,999
	O between \$12,00	00 and 15,999
	O between \$16,00	00 and 24,999
	O between \$25,00	00 and 49,999
	O over \$50,000	
	O don't know	
72	. How many people	e did this income support last year? # of people supported
73.		do you, yourself, acutally get <u>each month</u> , after taxes and deductions are taken out? Please tell this card that comes closest to that amount. {INTER: Hand R. Card #8} O \$801 to \$1,000
	O \$51 to \$100	O \$1,001 to \$2,000
	O \$101 to \$200	O \$2,001 to \$3,000
	O \$201 to \$300	O over \$3,000
	O \$301 to \$500	O don't know
	O \$501 to \$800	



	iitaci	ias	tnam	ie								,						_	0	cont	ac	t fu	str	ıam	e							
co	ntaci	ado	lress					<u></u>				<u></u>	-l						_					L								
01	ntact	city	7										со	nta	ct s	state	Э	c	or	ıtac	t 2	ip (cod	le								
																										-		,				
COI	ntact	tele	phor	ne n	um	ber					_																					
()					-																						
:01	ntact	las	nam	e															c	ont	act	: fiı	stn	ame	e							
:01	ntact	ado	lress																													
10:	ntact	city	7										со	nta	ct s	state	•	C	on	tac	t z	ip o	od	e								
				Τ											T			Γ		Τ			Τ			_	Γ	Τ	T			
or	ntact	tele	phor	e ni	ım	ber			1				Į		<u> </u>	_		L									L					l
(T		7))			T		_																						
T.		CIA	N T									·																				
	CLU			. L. C		tal-		tisa.		4,-1	11	;≠L	104	n #~	d-	,	TL ~			1	7 41	.		43		7 1		. <i>E</i> .			T.	
			muc you															se a	ıre	ui.	t []	ie (_[ue	ડાા	ins	1 h	uv	e Jo	r ye	ju.	18	
															-																	
re	the	re a	ny c	omr	ne	nts	you	wo	uld	lik	e to	ad	d f	or	us 1	to c	ons	der	:													
		-																														

TO THE INTERVIEWER:

Please be sure to check over the entire interview to make sure that all questions are answered and that the answers are clearly marked in pencil. Also be sure that there are no stray pencil marks on the interview anywhere.